

Walter Reed Health Care System

Fort George G. Meade MEDDAC

Influenza and Pneumococcal Vaccine Screening and Order Form

Section 1 Vaccine Indications – PROVIDERS circle all that apply

PHASE 1

PERSONNEL: 24 hour alert status* PCS to OCONUS high risk security areas by 31 Dec 2000*: (Verified by Orders, RFO or Cmdr's Letter: PCS to [circle one] Kosovo; Korea: Bosnia; SW Asia; E. Germany) Key personnel in: KACC Primary Care List* PATIENTS WHO HAVE: CHF Class III/IV CAD III/IV Cardiomyopathy EF <30%	Cystic Fibrosis/Ventilator dependent Cyanotic Heart Disease Other severe lung disease IDDM w / complications Renal Failure w / dialysis Renal Failure w / complications Nephrotic Syndrome Asplenia Children (6 mos-18 yrs.) on chronic Aspirin therapy	Solid organ transplant Corticosteroids / cytotoxic agents Malignancy and immunosuppression Bone Marrow Transplant recipients Leukemia patients Oxygen dependent Steroid dependent / dose dependent Pregnant patients who will be in the 2 nd or 3 rd Trimester
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PHASE 2

PERSONNEL: Other Health Care Workers & Active Duty Mission critical DoD civilians who could travel OCONUS verified by orders or Command letter or name on established list* PATIENTS: Household members / caregivers of high risk patients	Cardiomyopathy w / EF >30% Other chronic heart disease IDDM w / o complications Non-insulin dependent diabetics Chronic metabolic disease Renal failure w / o dialysis	Asthma COPD Other chronic lung disease Hemoglobinopathy HIV Persons > 64 years (Not in phase 1 risk category)
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PHASE 3

All other beneficiaries -> not covered in phase 1 or 2 DoD employees not covered in phase 1 or 2

Section 2– PATIENTS - On the day of your shot, please circle those that apply

Is the person requesting the Flu shot sick / feverish today?	Yes	No
Does the person requesting the Flu shot have a history of any adverse reaction to any vaccines?	Yes	No
Does the person requesting the Flu shot take a blood thinner like Coumadin or have a bleeding problem?	Yes	No
Is the person requesting the Flu Shot in the first 3 months of pregnancy?	Yes	No
Has the person who is requesting the Flu Shot had a Pneumonia shot in the past 5 years?	Yes	No
Is the person requesting the Flu Shot allergic to Eggs Gelatin Thimerosal Rubber/ Latex ?	XX	XX

Section 3 – PROVIDERS ONLY - PATIENTS STOP Circle all that apply

Circle which phase your patient falls into based on the above assessment: Phase 1 Phase 2 Phase 3

Circle the vaccine/s to order:

0.5cc IM Influenza Vaccine Lot # _____ 0.5cc SQ Pneumonia Vaccine Lot # _____
 MFR _____ MFR _____

Order date:	Patient is: Active Duty (Rank) _____ Retired _____ Dependent _____ DoD Civilian _____
Patient's name / Relationship:	Patient's Complete SSN:
Sponsor's name:	Sponsor's SSN:
	MD/DO/PA/NP/RN Signature

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Influenza and Pneumococcal Vaccine Screening and Order Form Page 2

Section 1 Vaccine Indications –91B, 91C & LPN Screening Form: circle all that apply

PHASE 1

PERSONNEL:

24 hour alert status
PCS to OCONUS high risk security areas
by 31 Dec 2000: (Verified by Orders, RFO or
Cmdr's Letter: PCS to [circle one] Kosovo;
Korea; Bosnia; SW Asia; E. Germany)
Key personnel in: KACC Primary Care List

PHASE 2

PERSONNEL:

Other Health Care Workers & Active Duty
Mission critical DoD civilians who
could travel OCONUS verified by
orders or Command letter or name on
established list

PHASE 3

All other beneficiaries -> not covered in phase 1 or 2 DoD employees not covered in phase 1 or 2

Section 2–PATIENTS - On the day of your shot, please circle those that apply

Is the person requesting the Flu shot sick / feverish today?	Yes	No
Does the person requesting the Flu shot have a history of any adverse reaction to any vaccines?	Yes	No
Does the person requesting the Flu shot take a blood thinner like Coumadin or have a bleeding problem?	Yes	No
Is the person requesting the Flu Shot in the first 3 months of pregnancy?	Yes	No
Has the person who is requesting the Flu Shot had a Pneumonia shot in the past 5 years?	Yes	No
Is the person requesting the Flu Shot allergic to Eggs Gelatin Thimerosal Rubber/ Latex ?	XX	XX

Section 3 – 91B, 91C & LPN ONLY - PATIENTS STOP Circle all that apply

Circle which phase your patient falls into based on the above assessment: Phase 1 Phase 2 Phase 3

Circle the vaccine/s to order:

0.5cc IM Influenza Vaccine Lot # _____ 0.5cc SQ Pneumonia Vaccine Lot # _____
MFR _____ MFR _____

Order date:	Patient is: Active Duty (Rank) _____ Retired _____ Dependent _____ DoD Civilian _____		
Patient's name / Relationship:		Patient's Complete SSN:	
Sponsor's name:		Sponsor's SSN:	
		91B / 91C / LPN Printed Name & Signature	